

CITY OF MENOMONIE
QUARTERLY HOTEL-MOTEL USE TAX RETURN

1. Hotel-Motel Name

2. Address: City State Zip

3. Reporting Year 4. Date of Report 5. Report Type:
{ } Quarterly { } Annual

6. Period Covered
1st Quarter 2nd Quarter 3rd Quarter 4th Quarter
{ } Jan 1-Mar 31 { } Apr 1-Jun 30 { } Jul 1-Sep 30 { } Oct 1-Dec 31 { } Year End

7. Total Gross Receipts for Reporting Period.....\$

8. Total Tax (5%) Collected on Gross Receipts.....\$

5% of tax revenue collected (retained by hotel/motel).....\$

9. Any adjustments to prior reporting period:

Adjustment to Gross Receipts: \$
Adjustment to Tax: \$

10. Total Tax Paid to City (submitted with this return)..... \$

11. MONTHLY RECONCILIATION:

	Gross Receipts:	Tax:		Gross Receipts:	Tax:
January			July		
February			August		
March			September		
Totals: \$		\$	Totals: \$		\$
April			October		
May			November		
June			December		
Totals: \$		\$	Totals: \$		\$

12. CERTIFICATION: I hereby certify that the above return, to the best of my knowledge, is true and correct.

Signature Title Date

(This report is due and payable within 30 days of the end of each calendar quarter.)